Attachment B

CONSUMER ADVOCATE SERVICE CERTIFICATION

I, the undersigned, hereby certify that the	attached rate filing
	(identify filing by line(s) of business, date
and/or company filing number), has been	n served upon the Consumers' Insurance Advocate's Office by
certified mail, return receipt requested.	
	Company Name (separate certification per company)
	Signature
	Name (printed or typed)
	Title
	Date

PC-T1, Attachment B September 12, 2001